

**EXHIBIT A****Service of Process  
Transmittal**

06/09/2017

CT Log Number 531373740

**TO:** Linda Allen  
United Services Automobile Association  
9800 Fredericksburg Rd # E-3-E  
San Antonio, TX 78288-0002

**RE: Process Served in New York**

**FOR:** USAA General Indemnity Company (Domestic State: TX)

**ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:**

**TITLE OF ACTION:** Terrance R. Wray, Pltf. vs. USAA General Indemnity Company, Dft.

**DOCUMENT(S) SERVED:** Summons, Return(s), Complaint, Exhibit(s)

**COURT/AGENCY:** Fairfield County Court of Common Pleas, OH  
Case # 2017CV00434

**NATURE OF ACTION:** Insurance Litigation

**ON WHOM PROCESS WAS SERVED:** C T Corporation System, New York, NY

**DATE AND HOUR OF SERVICE:** By Certified Mail on 06/09/2017 postmarked on 06/05/2017

**JURISDICTION SERVED :** New York

**APPEARANCE OR ANSWER DUE:** Within 28 days after service, exclusive of the day of service (Document(s) may contain additional answer dates)

**ATTORNEY(S) / SENDER(S):** Karl Snyder  
Buttars, Richardson & Snyder LLC  
6059 Frantz Road, Suite 201  
Dublin, OH 43017  
937-985-3066

**ACTION ITEMS:** CT has retained the current log, Retain Date: 06/09/2017, Expected Purge Date: 06/14/2017

Image SOP

Email Notification, Linda Allen linda.allen@usaa.com

Email Notification, Stacey Villarreal Stacy.Villarreal@usaa.com

Email Notification, Melissa Garcia Melissa.Garcia2@usaa.com

Email Notification, Cassandra Merla-Campillo Cassandra.Merla-Campillo@usaa.com

Email Notification, Alexandria Harvey-Mendoza  
Alexandria.Harvey@internal.usaa.com

Email Notification, Abby Mancha Abby.Mancha@usaa.com

**SIGNED:** C T Corporation System



**Service of Process  
Transmittal**

06/09/2017

CT Log Number 531373740

**TO:** Linda Allen  
United Services Automobile Association  
9800 Fredericksburg Rd # E-3-E  
San Antonio, TX 78288-0002

**RE: Process Served in New York**

**FOR:** USAA General Indemnity Company (Domestic State: TX)

**ADDRESS:** 111 8th Ave Fl 13  
New York, NY 10011-5213  
**TELEPHONE:** 212-590-9070

*Court of Common Pleas*  
*Fairfield County*

BRANDEN C. MEYER, Clerk of Courts

224 East Main Street  
Lancaster, Ohio 43130

**CERTIFIED MAIL®**



9414 7266 9904 2084 9709 84



U.S. POSTAGE METER BY BATES

ZIP 43130 \$ 008.76<sup>0</sup>  
02 1W  
0001402449 JUN 05 2017

Thank you for using Return Receipt Service

**POSTMASTER  
PLEASE FORWARD**

2017 CV 00434  
P000 1238 58

CT CORPORATION SYSTEM  
111 8TH AVENUE, 13TH FLOOR  
MARIE HAUER  
NEW YORK, NY 10011

**RETURN RECEIPT REQUESTED**  
3- SS  
WHEN DELIVERED

Court of Common Pleas, Fairfield County, Lancaster, Ohio

**SUMMONS**

Rule 4 1970 Ohio Rules of Civil Procedure

Case No. 2017 CV 00434

JUDGE DAVID A TRIMMER

TERRANCE R WRAY

327 PAGODA COURT  
PICKERINGTON OH 43147

Plaintiff  
vs.

USAA GENERAL INDEMNITY COMPANY

9800 FREDERICKSBURG ROAD  
SAN ANTONIO TX 78288

Defendant

To the above named defendant USAA GENERAL INDEMNITY COMPANY;

You are hereby summoned that a complaint (a copy of which is hereto attached and made a part hereof) has been filed against you in this court by the plaintiff named herein.

You are required to serve upon the plaintiff attorney, or upon the plaintiff if he has no attorney of record, a copy of your answer to the complaint within 28 days after service of this summons upon you, exclusive of the day of service. Said answer must be filed with this court within three days after service on Plaintiff=s attorney is as follows:

KARL SNYDER  
BUTTARS, RICHARDSON & SNYDER LLC  
6059 FRANTZ ROAD, SUITE 201  
DUBLIN, OH 43017

If you fail to appear and defend, judgment by default will be taken against you for the relief demanded in the complaint.

Branden C. Meyer, Clerk

By

Deputy



Received this writ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_  
o'clock \_\_\_\_ M., and on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, I served the same on the  
within named by \_\_\_\_\_  
\_\_\_\_\_

RETURN OF SERVICE OF SUMMONS (PERSONAL)

Fees \_\_\_\_\_  
Service \$ \_\_\_\_\_  
Mileage \_\_\_\_\_  
Total \$ \_\_\_\_\_  
Date: \_\_\_\_\_

I received this summons \_\_\_\_\_ 20\_\_\_\_, at \_\_\_\_ o'clock  
\_\_\_\_ M. And made personal service of it upon \_\_\_\_\_  
By locating him-them and tendering a copy of summons and  
accompanying documents, on \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Sheriff, Bailiff, Process Server

By \_\_\_\_\_

Deputy

RETURN OF SERVICE OF SUMMONS (RESIDENCE)

Fees \_\_\_\_\_  
Service \$ \_\_\_\_\_  
Mileage \_\_\_\_\_  
Total \$ \_\_\_\_\_  
Date: \_\_\_\_\_

I received this summons on \_\_\_\_\_ 20\_\_\_\_, at \_\_\_\_ o'clock  
\_\_\_\_ M. and made residence service of it upon the defendant(s) \_\_\_\_\_

By leaving, at his-their usual place of residence with \_\_\_\_\_

\_\_\_\_\_  
A person of suitable age and discretion then residing therein,  
a copy of the summons, a copy of the complaint and  
and accompanying documents, on \_\_\_\_\_.

\_\_\_\_\_  
Sheriff, Bailiff, Process Server

By \_\_\_\_\_

Deputy

RETURN OF SERVICE OF SUMMONS (FAILURE TO SERVICE)

I received this summons on \_\_\_\_\_ 20\_\_\_\_,  
at \_\_\_\_ o'clock \_\_\_\_ m. with instructions to make personal-residence  
upon the defendant (s) \_\_\_\_\_

\_\_\_\_\_  
And I was unable to serve a copy of the summons  
upon \_\_\_\_\_ for the following reason: \_\_\_\_\_

\_\_\_\_\_  
Sheriff, Bailiff, Process Server

By \_\_\_\_\_

\_\_\_\_\_  
Deputy

IN THE COMMON PLEAS COURT OF FAIRFIELD COUNTY, OHIO

FILED

2017 JUN -2 AM 8:05

TERRANCE R. WRAY  
327 Pagoda Court  
Pickerington, Ohio 43147

BRANDEN C. MEYER  
CLERK OF COURTS  
FAIRFIELD CO. OHIO

Plaintiff,

v.

Case No: 17 CV 434

USAA GENERAL INDEMNITY COMPANY  
9800 Fredricksburg Road  
San Antonio, Texas 78288

JUDGE: JUDGE TRIMMER

also serve at:

CT CORPORATION SYSTEM  
111 8<sup>th</sup> Avenue, 13<sup>th</sup> Floor  
Marie Hauer  
New York, New York 10011

Defendants.

**COMPLAINT FOR MONEY DAMAGES AND OTHER RELIEF**

**JURY DEMANDED HEREON**

Now comes the Plaintiff Terrance Wray, (hereinafter called "Mr. Wray"), which for his Complaint against the Defendant USAA General Indemnity Company (hereinafter called "USAA") states as follows:

**INTRODUCTION**

1. Mr. Wray purchased Renter's Insurance and a Valuable Personal Property rider covering five items of valuable jewelry from USAA.
2. Three of the insured items of jewelry were stolen on June 5, 2016 from Mr. Wray's vehicle.

3. USAA refused to honor its obligations under the insurance policy by severely undervaluing the jewelry and claiming it could not verify that Mr. Wray owned the jewelry.
4. USAA's conduct during its investigation and refusal to uphold its obligations under the insurance policy without justification amount to bad faith.
5. Therefore, Mr. Wray brings claims for USAA's breach of contract and the tort of bad faith in handling Mr. Wray's insurance claim for all of Mr. Wray's damages, for punitive damages, and for his attorney's fees and costs.

#### **GENERAL ALLEGATIONS**

6. Mr. Wray incorporates all other paragraphs of his Complaint by reference as though fully written here.
7. Mr. Wray is a natural person residing at 327 Pagoda Court Pickerington, Ohio 43147.
8. USAA is a corporation licensed under the laws of the State of Texas with its principal place of business in Texas.
9. USAA issues and provides renter's insurance including special coverage for valuable personal property.
10. At all times material, Mr. Wray and USAA were engaged in a renter's insurance policy contract; policy number GIC 18397184 90C ("Renter's Insurance"). A copy of the Renter's Insurance contract is attached hereto as Exhibit A and is incorporated herein.
11. At all times material, Mr. Wray and USAA were engaged in a valuable personal property rider contract; policy number GIC 18397184 90C ("VPP"). A copy of the VPP is attached hereto as Exhibit B and is incorporated herein.
12. The Renter's Insurance and VPP provided coverage for jewelry from theft.

13. As part of the process of purchasing insurance with USAA, USAA required that Mr. Wray have the specific items of jewelry he wished to insure against loss appraised.
14. Mr. Wray cooperated with the process of obtaining complete appraisals for his jewelry.
15. Mr. Wray first purchased an appraisal of his jewelry from American Gem Institute in New York.
16. USAA rejected the appraisals and required Mr. Wray to acquire an appraisal of the jewelry from a graduate gemologist with specific information as to the weight of the metals and gems and the specific number and quality of gems in each piece.
17. Mr. Wray complied and purchased a Retail Replacement Appraisal for his jewelry from Northern Appraisal Services.
18. A Mr. Mitchell Dustin, a graduate gemologist from the Gemological Institute of America and certified gemologist appraiser with the American Gem Society prepared the Retail Replacement Appraisal for Mr. Wray.
19. Mr. Wray submitted the appraisal, which included pictures of the items to be insured, to USAA which used the appraisal to reevaluate the limits of liability for Mr. Wray's VPP.
20. USAA informed Mr. Wray that it would require receipts for items purchased within the last five years before it would insure those newer items.
21. As a result, Mr. Wray removed a luxury diamond gold watch from coverage under the policy; he did not have a receipt for its purchase and feared it would not be covered if lost.
22. The other items Mr. Wray had purchased well over five years ago.
23. USAA sent Mr. Wray a new declaration page reflecting limits of liability for the specific items in line with the Retail Replacement Appraisal.



24. USAA did not update the general descriptions of the specific items covered in the new declaration page to match the Retail Replacement Appraisals specific descriptions of the weight of valuable metals and number, weight, and quality of gems for the covered jewelry. A copy of the new declaration page is attached hereto as Exhibit C and incorporated herein.
25. Mr. Wray also sent USAA multiple pictures of the jewelry as part of the process in obtaining the insurance.
26. Mr. Wray purchased insurance from USAA for five pieces of jewelry: one rose gold plated white gold diamond bracelet, one yellow gold diamond bracelet, one yellow gold diamond ring, one rose gold plated white gold diamond ring, and one rose gold plated white gold diamond chain.
27. On or about June 5, 2016, Mr. Wray's car was broken into and jewelry covered by USSA insurance was stolen. A copy of the police report Mr. Wray filed on June 6, 2016 and a later added addendum is attached hereto as Exhibit D and is incorporated herein.
28. Among other items, the yellow gold diamond bracelet, the rose gold plated white gold diamond chain, and the rose gold plated white gold diamond ring were stolen from Mr. Wray's vehicle parked in front of his home.
29. Mr. Wray reported the loss to USAA on June 6, 2016 by telephone.
30. Mr. Wray and USAA then communicated concerning the loss by messages through Mr. Wray's online portal with USAA.
31. USAA assigned the claim the number 018397184-90C-003.
32. USAA required Mr. Wray to amend his statement on the police report to include more detailed information about the specific items stolen.

33. Mr. Wray complied and provided the police with more information about the specific items stolen.
34. USAA also required Mr. Wray to submit an itemized list of everything stolen from his vehicles, appraisals of the jewelry again, pictures of Mr. Wray wearing the jewelry, details on servicing of the jewelry Mr. Wray had purchased in the past, and receipts for the appraisals he purchased.
35. Mr. Wray complied and sent USAA the information requested except for receipts relating to the purchase of the jewelry.
36. Mr. Wray contacted the jeweler from whom he purchased the jewelry, but the jeweler was unable to provide Mr. Wray with receipts of his purchases.
37. An investigator from USAA interviewed Mr. Wray concerning the loss.
38. An investigator called Mr. Wray's girlfriend and asked if the jewelry was fake, among other questions.
39. In January of 2017, USAA messaged Mr. Wray and informed him that they could not verify that Mr. Wray owned the jewelry that USAA insured.
40. In January of 2017, USAA told Mr. Wray that the descriptions of the jewelry in his policy did not match the appraisals and descriptions of the stolen jewelry Mr. Wray lost.
41. In January of 2017, USAA issued Mr. Wray a check for \$16,065.88 for what it claimed to be standard pricing for the lost jewelry.
42. The valuable personal property rider scheduled limits of liability of \$61,000.00 for the rose gold plated white gold diamond chain, \$60,200.00 for the yellow gold diamond bracelet, and \$16,000.00 for the rose gold plated white gold diamond ring.

43. On or about May 3, 2017, Mr. Wray requested to speak with a manager with USAA concerning his claim.
44. On or about May 17, 2017, an individual from USAA contacted Mr. Wray and told him the description of the items covered did not match the descriptions in the new declaration page, and that Mr. Wray could have gone to any jewelry store and purchased an appraisal on an item of interest in order to obtain insurance coverage.
45. USAA had no basis to blame Mr. Wray for its failure to update the descriptions of the items in the VPP or to believe that Mr. Wray did not own the jewelry items.
46. USAA failed to honor Mr. Wray's claim as to the VPP without justification.
47. USAA had ample evidence before it insured the items and during its investigation which established Mr. Wray owned the jewelry.
48. USAA attempted to require Mr. Wray to produce evidence that did not exist as to his ownership.
49. Mr. Wray still possesses the other the pieces of jewelry that USAA insured, the rose gold plated white gold diamond bracelet and the yellow gold diamond ring.
50. Mr. Wray does not possess the gold diamond watch that USAA originally insured.
51. USAA delayed unnecessarily, failed to perform an adequate investigation into Mr. Wray's ownership of the stolen property, and then denied his claim without justification.
52. Mr. Wray was damaged by USAA's actions described herein.
53. Mr. Wray is entitled to all his actual damages, punitive damages, and his attorney fees and costs in an amount to be proven at trial to exceed \$25,000.00.

**COUNT ONE  
BREACH OF CONTRACT**

54. Mr. Wray incorporates all other paragraphs of his Complaint by reference as though fully written here.
55. The Renter's Insurance and VPP are enforceable contracts between Mr. Wray and USAA.
56. Coverage of claims is material to any insurance policy including the Renter's Insurance Mr. Wray purchased from USAA.
57. USAA failed to cover Mr. Wray's claim for coverage of the three items of jewelry that he lost without justification.
58. USAA breached the Renter's Insurance and VPP when it refused to cover Mr. Wray's claim for the loss of the three items of jewelry.
59. Mr. Wray fully performed his obligations under the insurance policy by paying the monthly premium on time.
60. Mr. Wray was damaged by USAA's material breach.
61. For all the foregoing reasons, Mr. Wray is entitled to his expectation damages under the Renter's Insurance and Valuable Personal Property Rider in an amount to exceed \$25,000.00.

**COUNT TWO  
BAD FAITH DENIAL OF CLAIM**

62. Mr. Wray incorporates all other paragraphs of his Complaint by reference as though fully written here.
63. Defendant denial of coverage for the three items of jewelry without justification constitutes bad faith.

64. USAA, the insurer, has a duty to act in good faith in the settlement of claims by Mr. Wray, the insured.

65. USAA had no arguable reason and no lawful basis to deny Mr. Wray's claim as it pertained to his lost jewelry.

66. As a direct and proximate cause of USAA's bad faith denial of Mr. Wray's claim, Mr. Wray suffered damages to exceed \$25,000.00.

67. For all the foregoing reasons, Mr. Wray is entitled to all his damages, punitive damages, and his attorney's fees and costs.

**COUNT THREE  
UNJUST ENRICHMENT**

68. USAA's retention of the money it was required to pay Mr. Wray pursuant to the insurance policy without justification is unjust.

69. Mr. Wray paid USAA money to insure his valuable personal property.

70. USAA failed to pay Mr. Wray the full amounts to which he was entitled.

71. USAA has been unjustly enriched in an amount to be proven at trial and to exceed \$25,000.00.

72. Mr. Wray is entitled to his damages in the amount of at least the money USAA has wrongfully retained in an amount to exceed \$25,000.00.

**DEMAND AGAINST DEFENDANT**

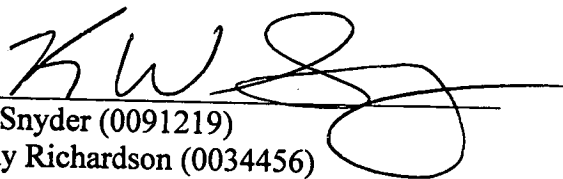
**WHEREFORE** Plaintiff prays the Court:

- a. Assume jurisdiction of this case;
- b. Award Plaintiff actual damages in an amount to be determined at trial;
- c. Award Plaintiff the maximum economic, non-economic, actual, general, other, and statutory damages sought under each Count;

- d. Award Plaintiff punitive damages as appropriate;
- e. Grant Plaintiff the costs of this litigation, including filing fees and reasonable attorney's fees; and
- f. Grant all other relief the Court deems appropriate.

Respectfully Submitted,

BUTTARS, RICHARDSON & SNYDER LLC



Karl Snyder (0091219)

Randy Richardson (0034456)

*Attorneys for Plaintiffs*

6059 Frantz Road, Suite 201

Dublin, Ohio 43017

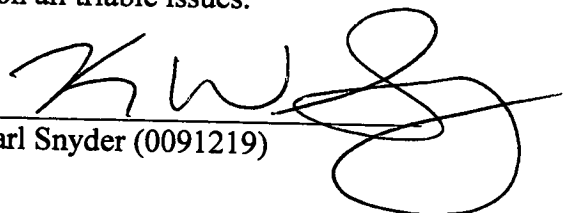
PH: 937-985-3066

karl@abkslaw.com

randy@abkslaw.com

**JURY TRIAL DEMANDED**

Plaintiff respectfully requests a jury trial on all triable issues.



Karl Snyder (0091219)



## RENTERS POLICY PACKET

GIC 01839 71 84 REN 001  
EFFECTIVE: 02-16-16 TO: 02-16-17

TERRANCE R WRAY  
327 PAGODA CT  
PICKERINGTON OH 43147-7945

### IMPORTANT MESSAGES

Attached are your policy documents and other information you may find helpful concerning your insurance coverages and premiums. Please take a few minutes to review them, and then file them with your policy records.

**EXHIBIT A**

**THIS IS NOT A BILL.** Any premium charge or return for this policy will be reflected on your next regular monthly statement.

RECEIVE THIS DOCUMENT AND OTHERS ELECTRONICALLY. SIGN UP AT [usaa.com](http://usaa.com).

FOR U.S. CALLS: POLICY SERVICE 1-800-531-8722. CLAIMS 1-800-531-8722.

Thank you for letting us serve you. We appreciate your business.

RPCS1

64831-0907

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USAA GENERAL INDEMNITY COMPANY

MAIL MACH-I

9800 Fredericksburg Road - San Antonio, Texas 78288

**RENTERS PROTECTION POLICY DECLARATIONS**

The Policy is complete only when the following are combined: Policy Packet (Part One), Declarations Page (Part Two),  
**GENERAL PROVISIONS** and when purchased, **PERSONAL PROPERTY** and/or **PERSONAL LIABILITY**.

**PART TWO****Named Insured and Basing Address**

TERRANCE R WRAY  
 327 PAGODA CT  
 PICKERINGTON, OH 43147-7945  
 COUNTY: FAIRFIELD

**Policy Number**

GIC 01839 71 84 REN 001

POLICY PERIOD: FROM 02/16/16 TO 02/16/17 (12:01 A.M. Standard Time at location of the property described)

<b>PERSONAL PROPERTY</b>			<b>Premium</b>
<b>DEDUCTIBLES</b>			
We cover only that part of the loss over the deductible stated.			
OTHER PERILS	\$ 250	Limit of Liability	
EARTHQUAKE	\$ 3,000	\$ 20,000	\$200.57
<b>PERSONAL LIABILITY</b>			
<b>Coverages</b>		<b>Limit of Liability</b>	
<b>LIABILITY</b>	Each Occurrence	\$ 100,000	\$40.97
<b>MEDICAL PAYMENTS TO OTHERS</b>	Each Person	\$ 5,000	
<b>OPTIONAL COVERAGES</b>			
<b>TOTAL ANNUAL PREMIUM</b>			\$241.54

PREMIUM DUE AT INCEPTION. THIS IS NOT A BILL. STATEMENT TO FOLLOW.

TOTAL PRORATED RETURN \$86.52

Forms and endorsement(s) made a part of this policy at time of issue or amendment.

IN FORCE: ESA (0205), R-IDF (0703), R-MCOV (0609), R-OH (0699), R-20 (0486)  
 RP-MLD (0803), RP-1 (0486), RP-3 (0486), RP-6 (0486)

Loss Payable Clause: Loss, if any, will be paid to you and

as interests may appear.

In WITNESS WHEREOF, this policy is signed on 02/24/16

Steven Alan Bennett, Secretary

Alan W. Krapf, President

RP-D 4-86 (REV. 3-04)

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USAA GENERAL INDEMNITY COMPANY  
**RENTERS PROTECTION POLICY DECLARATIONS**

	<b>Policy Number</b>	<b>Policy Term:</b>	<b>02/16/16</b>	<b>02/16/17</b>
		<b>Inception</b>		<b>Expiration</b>
GIC	01839 71 84 REN 001			

YOUR PREMIUM HAS BEEN REDUCED BY THE FOLLOWING CREDITS AND DISCOUNTS:

AUTO/RENTERS COMBINATION	\$26.84
CLAIMS FREE DISCOUNT	\$76.28

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PAGE 1  
MAIL MACH-I

02-15-16

**VALUABLE PERSONAL PROPERTY**  
A Personal Articles Floater

**Valuable Personal Property Packet**  
VPP-CS1 (02-06)

GIC 01839 71 84 90C  
02-16-16 TO: 02-16-17

TERRANCE R WRAY  
327 PAGODA CT  
PICKERINGTON OH 43147-7945

### IMPORTANT MESSAGES

Refer to your Declarations, Policy, Schedule and endorsements to verify that coverages, limits, and other policy details are correct and meet your insurance needs. Required information forms are also enclosed for your review.

- 1) USAA considers many factors when determining your premium. Maintaining your property to reduce the probability of loss is one of the most important steps you can take. A history of claim activity may affect your coverage.

**EXHIBIT B**

This is not a bill. Any premium charge or return for this policy will be reflected on your next regular monthly statement. For U.S. Calls: Policy Service (800) 531-8111. Claims (800) 531-8222.

Receive this document and others electronically. Sign up at [usaa.com](http://usaa.com).

VPP-CS1

50528-0206

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9800 Fredericksburg Road • San Antonio, Texas 78288

USAA GENERAL INDEMNITY COMPANY

**VALUABLE PERSONAL PROPERTY**  
 A Personal Articles Floater

**DECLARATIONS**  
 NEW
**Named Insured and Primary Residence**

TERRANCE R WRAY

327 PAGODA CT

PICKERINGTON, FAIRFIELD, OH 43147

**Policy Number**

GIC 01839 71 84 90C

Policy Period: 02-16-16 - 02-16-17 From 12:01 A.M. Standard Time at the property location.

CLASS OF PERSONAL PROPERTY	CLASS LIMIT OF LIABILITY	CLASS ANNUAL PREMIUM
1. a. JEWELRY - Blanket Coverage		
1. b. JEWELRY - Scheduled Coverage	\$248,000	\$2,978.00
2. FURS		
3. SILVERWARE		
4. FINE ARTS		
5. CAMERAS		
6. MUSICAL INSTRUMENTS		
7. GUNS		
8. STAMP COLLECTIONS		
9. COIN COLLECTIONS		
TOTAL ANNUAL PREMIUM		\$2,978.00

PREMIUM DUE AT INCEPTION.

 THIS IS NOT A BILL.  
 Statement to follow.

Policy and Endorsements that are part of your contract with us.

VPP-P	(02-06)	VALUABLE PERSONAL PROPERTY
VPP-QR CGG	(02-06)	QUICK REFERENCE
VPP-S		SCHEDULE

In Witness Whereof, this policy is signed on 02-15-16

VPP-D (10-12)

  
 Steven Alan Bennett, Secretary


  
 Alan W. Krapf, President

50499-0812\_04



9800 Fredericksburg Road • San Antonio, Texas 78288

GIC 01839 71 84

PAGE 4  
90C
**VALUABLE PERSONAL PROPERTY**  
 A Personal Articles Floater
**SCHEDULE**

02-16-16 TO: 02-16-17

ITEM NUMBER	DESCRIPTION	LIMIT OF LIABILITY
SCHEDULED JEWELRY		
001	GOLD ROLAX YATCH MASTER 2, 45 KARATS, VS, G-H COLOR	\$95,000
002	768 GRAMS, 10K GOLD, CUBAN LINK, 62 KARAT, ROUND DIAMOND	\$50,000
003	BRACELET, 42 KARAT, 14K ROSE GOLD, PRINCESS CUT ROUND, SI-2, H COLOR	\$40,000
004	BRACELET, 60 KARATS, GOLD, ROUND DIAMOND, SI-2, G-H COLOR	\$45,000
005	RING. 7 KARAT, PRINCESS ROUND DIAMONDS, SI, H COLOR	\$7,000
006	RING. 11 KARAT, ROUND CUT DIAMONDS, SI, H COLOR	\$11,000





9800 Fredericksburg Road • San Antonio, Texas 78288

GIC

01839 71 84

PAGE 5  
90C
**VALUABLE PERSONAL PROPERTY**  
 A Personal Articles Floater
**QUICK REFERENCE**

This policy is a legal contract between you and us. It consists of a **Declarations, Schedule, Policy** and any applicable endorsements.

Your contract insures the classes of personal property shown on the **Declarations** with a **CLASS LIMIT OF LIABILITY**. It insures the items shown on the **Schedule** and with a **DESCRIPTION** and **LIMIT OF LIABILITY**.

The **Policy** sets forth, in detail, your and our rights and obligations.

		<u>QUICK REFERENCE</u>	
<b>DECLARATIONS</b>			<b>Policy Page 5</b>
<b>SCHEDULE</b>		4. Appraisal	
<b>QUICK REFERENCE</b>		5. Other Insurance	
		6. Suit Against Us	
<b>POLICY</b>	<b>Policy Page 1</b>	7. Loss Payment	
AGREEMENT		8. Abandonment	
DEFINITIONS		9. Insurance Not to Benefit Others	
PERSONAL PROPERTY COVERAGE		10. Salvage and Recovered Property	
	<b>Policy Page 2</b>	11. Concealment or Fraud	
PERSONAL PROPERTY NOT COVERED		12. Liberalization Clause	
CAUSES OF LOSS COVERED		13. Waiver or Change of Policy Provisions	
CAUSES OF LOSS NOT COVERED			<b>Policy Page 6</b>
	<b>Policy Page 3</b>	14. Spouse Access	
NEWLY ACQUIRED PROPERTY COVERAGE		15. Cancellation and Nonrenewal	
CONDITIONS		a. Cancellation	
1. Insurable Interest and Limit of Liability		b. Nonrenewal	
2. Your Duties After Loss		16. Assignment	
	<b>Policy Page 4</b>	17. Subrogation	
3. Loss Settlement		18. Death	
		19. No Benefit to Bailee	
		20. Policy Period	

This is a participating policy. You are entitled to dividends as may be declared by the company's Board of Directors.



9800 Fredericksburg Road • San Antonio, Texas 78288

GIC

01839 71 84

PAGE 6  
90C
**VALUABLE PERSONAL PROPERTY**  
 A Personal Articles Floater

**POLICY**  
**VPP-P (02-06)**


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**AGREEMENT**

In return for your payment of premium and subject to all terms of this policy, we will provide the insurance described.

We cover each **CLASS OF PERSONAL PROPERTY** with a dollar amount under **CLASS LIMIT OF LIABILITY** as shown on the Declarations. The premium is based on the primary residence address of the Named Insured, unless an exception is indicated on the Declarations.

Subject to the **CLASS LIMIT OF LIABILITY** displayed on the Declarations and subject to the policy provisions, we cover the property insured under this policy anywhere in the world.

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**DEFINITIONS**

In this policy "you" and "your" refer to the "named insured" shown on the Declarations and the spouse when a resident of the same household.

"We," "us" and "our" refer to the Company providing this insurance.

The following defined words are in **boldface** when used.

**"Insured"**: you and residents of your household who are:

1. your relatives; or
2. other persons under the age of 21 and in the care of any person named above.

**"Business"**: occupation, trade or profession. This also includes:

1. the regular use of property for pay or profit;
2. items bought for the purpose of selling or trading.

**"Occurrence"**: an accident, including continuous or repeated exposure to substantially the same general harmful conditions, which results in property damage during the policy period.

**"Scheduled"**: an item showing a specific:

1. description; and
  2. value
- on the Schedule attached to this policy.

**"Blanket"**:

1. Jewelry is covered on a blanket basis when this policy's Declarations, Class of Personal Property, 1.a. Jewelry-Blanket Coverage shows a Class Limit of Liability.
2. Stamps and Coins are covered on a blanket basis when the item description on this policy's Schedule includes the word blanket.

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**PERSONAL PROPERTY COVERAGE**

The following classes of personal property are covered, if a **CLASS LIMIT OF LIABILITY** is shown on the Declarations.

1. **Jewelry**: personal adornment composed in whole or in part of silver, gold, platinum or other precious metals and alloys.
2. **Furs**: personal garments consisting principally of or trimmed with natural fur.

This class includes fur jackets, coats, stoles, and neck pieces.

3. **Silverware**: sterling silverware, silver-plated ware, goldware, gold-plated ware, pewterware, platinumware and platinum-plated ware.

4. **Fine Arts**: items of rarity, artistic merit, or historical significance.

5. **Cameras**: cameras and projection equipment, including accessories and darkroom equipment.

6. **Musical Instruments:** musical instruments and their equipment and accessories.
7. **Guns:** guns and their accessories.
8. **Stamp Collections:** collections of stamps and other philatelic property.

This class includes:

- a. due, envelope, official, revenue, match and medical stamps;
- b. covers, locals, reprints, essays, proofs; and
- c. books, pages and mountings of items in a. and b.

9. **Coin Collections:** collections of rare and current coins and other numismatic property either owned by you or in your custody or control.

This class includes:

- a. medals, paper money, bank notes;
- b. tokens of money;
- c. coin albums, containers, frames, cards; and
- d. display cabinets in use with the collection.

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#### PERSONAL PROPERTY NOT COVERED

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**We do not cover:**

1. Any property:
  - a. while being used for business; or
  - b. away from the residence premises for a business purpose.
2. Fine Arts while displayed at any exposition.
3. Gun ammunition.

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#### CAUSES OF LOSS COVERED

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We insure against risks of direct, physical loss to covered property unless the cause of loss is not covered by this policy.

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#### CAUSES OF LOSS NOT COVERED

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We do not cover loss or damage caused directly or indirectly by any of the following. Such loss is excluded regardless of any other cause or event contributing concurrently or in any sequence to the loss.

1. Loss, theft or damage, arising out of any act committed:
  - a. by or at the direction of any insured; and
  - b. with the intent to cause loss or damage.
2. Neglect of any insured to use all reasonable means to save and preserve the property at and after the time of loss.
3. Any repairing, adjusting, servicing or maintenance operation, restoration, refinishing, renovation, or retouching.
4. Mechanical or electrical breakdown or failure.
5. Wear and tear, deterioration, inherent vice or defect.
6. Microbial organisms, including but not limited to mold, mold spores, fungus, bacterium, parasitic microorganisms and wet or dry rot.
7. War, including undeclared war, civil war, insurrection, rebellion, revolution, warlike act by a military force or military personnel, destruction or seizure or use for a military purpose, including any consequence of any of these.  
  
Discharge of a nuclear weapon shall be deemed a warlike act even if accidental.
8. Nuclear reaction, radiation or radioactive contamination, whether controlled or uncontrolled, however caused. Nor is any consequence of these covered. Loss caused by these shall not be considered loss caused by fire, explosion or smoke.  
  
But we do cover direct loss by fire resulting from nuclear reaction, nuclear radiation, or radioactive contamination.

9. Shipment of property by mail. However, we do cover shipment by registered mail or any other traceable delivery method.

**10. Guns:**

- a. explosion, rust, fouling, marring, or scratching;
- b. seizure or destruction under quarantine or customs regulation;
- c. confiscation by order of any government or public authority;
- d. risks of contraband or illegal transportation or trade;

e. riot, strike, labor disturbance or civil commotion.

**11. Stamp or Coin Collections:**

- a. damage from being handled or worked on.
- b. transfer of colors, fading, creasing, denting, scratching, tearing, or thinning.
- c. disappearance of individual stamps, coins or other related articles unless the item is:
  - (1) scheduled; or
  - (2) mounted in a volume and the page to which it is attached is also lost.

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**NEWLY ACQUIRED PROPERTY COVERAGE**

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We cover newly acquired property of a class already insured provided the property is acquired during the policy period.

For coverage to apply to the newly acquired property, you must:

- 1. report the property to us within 30 days of the date acquired; and
- 2. pay the additional premium from the date acquired.

The most we will pay under this section, subject to this policy's **CONDITIONS**, is 25% of the applicable **CLASS LIMIT OF LIABILITY** shown on the Declarations.

If you purchased the item, we will pay the market cash value of the item or the amount you paid for it, whichever is less, subject to the limits described in this section.

If you acquired the item by any means other than purchasing it, we will pay the market cash value of the item, subject to the limits described in this section.

When a class has property covered only on a blanket basis, the most we will pay for a:

- 1. jewelry item is \$2,500;
- 2. stamp or coin item is specified under **CONDITIONS**, 3. Loss Settlement, b., (2).

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**CONDITIONS**

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**1. Insurable Interest and Limit of Liability.**

Even if more than one person has an insurable interest in the property covered, we will not be liable in any one loss:

- a. for more than the amount of the insured's interest at the time of the loss; or
- b. for more than the applicable Limit of Liability.

**2. Your Duties After Loss.** In case of a loss to which this insurance may apply, you must see that the following duties are done:

- a. promptly notify us or our agent;
- b. promptly notify the police if the loss is caused by theft or vandalism;
- c. protect the property from further damage;
- d. prepare an inventory of damaged, lost, or stolen property showing the:
  - (1) quantity,

(2) description

(3) replacement cost with like kind and quality property, and

(4) amount of loss.

e. attach all bills, receipts and related documents that justify the figures in the inventory;

f. provide proof of ownership.

g. as often as we reasonably require:

(1) show the damaged property;

(2) provide us with records and documents we request and permit us to make copies;

(3) submit to examination under oath, while not in the presence of any other insured, and sign the same; and

(4) assure the attendance of employees, members of your household or others for examination under oath to the extent that it is within your power to do so.

h. send to us, within 90 days after our request, your signed, sworn proof of loss which sets forth, to the best of your knowledge and belief the:

- (1) time and cause of loss;
- (2) interest of the insured and all others in the property involved;
- (3) name and address of any other insurance company which may cover the loss;
- (4) name and address of any lienholders; and
- (5) inventory of personal property and attachments described in 2.d. and 2.e.

**3. Loss Settlement. Covered property losses are settled as follows:**

a. Fine Arts. We will pay the amount shown for each scheduled item which is agreed to be the value of the item.

In case of loss to a pair or set, we agree to pay you the full amount of the set as shown in the Schedule and you agree to surrender the remaining articles of the set to us.

b. Stamp Collections or Coin Collections.

(1) In case of loss to any schedule item, the amount to be paid will be determined in accordance with Loss Settlement, c. All Other Insured Property.

(2) When covered on a blanket basis, the most we will pay:

- (i) for any one stamp, coin or individual article, or any one pair, set, strip, block, series, sheet, cover, frame or card is \$1,000; and
- (ii) for all items in the class is the LIMIT OF LIABILITY shown on the Schedule.

We will not pay:

- (a) for the loss of the entire blanket, pair or set; nor
- (b) more than the market cash value at time of loss; because of a partial loss.

c. All Other Insured Property. The value of the property is not agreed upon but will be determined at the time of loss or damage. In settling any claim, our limit of

liability will not exceed that shown on this policy's Schedule for the covered property.

(1) It is our option to:

- (a) replace the property with property of comparable kind, quality and usefulness, without deduction for depreciation; or
- (b) pay you the cost to have the property repaired or restored to the condition it was in just before the loss.

(2) If you do not wish to have the property replaced, repaired or restored, we will pay you the lesser of:

- (a) our cost to replace the property, without deduction for depreciation; or
- (b) the cost to repair or restore it.

(3) We will pay you the scheduled limit of liability if we determine that it is not possible or feasible to replace, repair or restore the property.

(4) In case of loss to a pair or set we may elect to:

- (a) repair or replace any part to restore the pair or set to its value before the loss; or
- (b) pay the difference between actual cash value of the property before and after the loss.

We will not pay you for the loss of the entire pair or set because of a partial loss.

(5) When covered on a blanket basis:

- (a) the value of the property will be determined at the time of loss.
- (b) the most we will pay:
  - (i) for any one item in a class is \$2,500; or
  - (ii) for all items in the class is the **Blanket Coverage CLASS LIMIT OF LIABILITY** shown on the Declarations.

The provisions under Loss Settlement, c. (1), (2), and (4) also apply.

d. We will pay for an item only once, either under blanket coverage or under scheduled coverage.

4. **Appraisal.** If you and we do not agree on the amount of loss, either party can demand that the amount of the loss be determined by appraisal. If either makes a written demand for appraisal, each will select a competent, independent appraiser and notify the other of the appraiser's identity within 20 days of receipt of the written demand.

The two appraisers will then select a competent, impartial umpire. If the two appraisers are not able to agree upon the umpire within 15 days, you and we can ask a judge of a court of record in the state of your residence to select an umpire.

The appraisers will then set the amount of the loss. If they submit a written report of any agreement to us, the amount agreed upon will be the amount of the loss. If they fail to agree within a reasonable time, they will submit their differences to the umpire.

Written agreement signed by any two of these three will set the amount of the loss. Each appraiser will be paid by the party selecting that appraiser. Other expenses of the appraisal and the compensation of the umpire will be paid equally by you and us.

5. **Other Insurance.** If loss or damage covered by this policy is also covered by other insurance, we will pay only as excess insurance over the other insurance.
6. **Suit Against Us.** No action can be brought against us unless you have:
- given us notice of the loss;
  - complied with all other policy provisions; and
  - started the action within one year after the date of the loss.
7. **Loss Payment.** We will adjust all losses with you. We will pay you unless some other person is named in the policy or is legally entitled to receive payment. Loss will be payable 60 days after we receive your proof of loss and:
- reach an agreement with you;
  - there is an entry of a final judgment; or
  - there is a filing of an appraisal award with us.

8. **Abandonment.** You may not abandon property to us for any reason.

9. **Insurance Not To Benefit Others.** No person or organization having custody of the property and to be paid for services shall benefit from this insurance.

10. **Salvage and Recovered Property.**

- We have an interest in the salvage value of any property for which we have made payment under the Loss Settlement provision. At our option, property that we have paid for or replaced becomes our property.
- If you or we recover any property for which we have made payment under this policy, you or we will notify the other of the recovery. At your option, you may retain the property. If you retain the property, the loss payment, or any lesser amount to which we agree, must be refunded to us.

11. **Concealment or Fraud.** We do not provide coverage to any insured who, whether before or after a loss, has:

- intentionally concealed or misrepresented any material fact or circumstance;
- engaged in fraudulent conduct; or
- made false statements; relating to this insurance.

12. **Liberalization Clause.** If we make a change which broadens coverage under this edition of our policy without additional premium charge, that change will automatically apply to your insurance as of the date we implement the change in your state, provided that this implementation date falls within 60 days prior to or during the policy period stated on the Declarations.

This Liberalization Clause does not apply to changes implemented through introduction of a subsequent edition of our policy.

13. **Waiver or Change of Policy Provisions.** A waiver or change of a provision of this policy must be in writing by us to be valid. Our request for an appraisal or examination will not waive any of our rights.



**14. Spouse Access.** The named insured and we agree that the named insured and resident spouse are "customers" for purposes of state and federal privacy laws. The resident spouse will have access to the same information available to the named insured and may initiate the same transactions as the named insured. The named insured may notify us that he/she no longer agrees that the resident spouse shall be treated as a "customer" for purposes of state and federal privacy laws, and we will not permit the resident spouse to access policy information.

**15. Cancellation and Nonrenewal.**

**a. Cancellation.**

- (1) You may cancel this policy at any time. However, the effective date of cancellation cannot be earlier than the date of your request to cancel.
- (2) We may cancel this policy by notifying you in writing at least 10 days before the date cancellation takes effect. This cancellation notice to you will be mailed to your last known mailing address. Proof of mailing will be sufficient proof of notice.
- (3) When you have not paid your premium, we may cancel at any time by mailing written notice to you at your last known mailing address at least 10 days before the date cancellation takes effect.
- (4) When this policy is cancelled, the premium for the period from the date of cancellation to the expiration date will be refunded pro rata.
- (5) If the premium is not refunded with the notice of cancellation or when this policy is returned to us, we will refund it within a reasonable time after the date cancellation takes effect.

**b. Nonrenewal.** We may elect not to renew this policy. We may do so by mailing written notice to you at your last known mailing address, at least 30 days before the expiration date of this policy. Proof of mailing will be sufficient proof of notice.

**16. Assignment.** Assignment of this policy will not be valid unless we give our written consent.

**17. Subrogation.** An insured may waive in writing before a loss all rights of recovery against any person. If not waived, we may require an assignment of rights of recovery for a loss to the extent that payment is made by us.

If an assignment is sought, an insured must sign and deliver all related papers and cooperate with us.

**18. Death.** If you die, then with respect to property covered under this policy at that time, insured will include:

- a. any resident of your household who is an insured at the time of your death;
- b. the person having proper temporary custody of property covered by this policy until appointment and qualification of a legal representative; or
- c. your legal representative.

**19. No Benefit to Bailee.** We will not recognize any assignment or grant any coverage that benefits a person or organization holding, storing or moving property for a fee regardless of any other provision of this policy.

**20. Policy Period.** This policy applies only to loss that occurs during the policy period.

## **FRAUD WARNING**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.



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PAGE 1  
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03-31-16



**VALUABLE PERSONAL PROPERTY**  
A Personal Articles Floater

**Valuable Personal Property Packet**  
**VPP-CS1 (02-06)**

GIC 01839 71 84 90C  
04-01-16 TO: 02-16-17

TERRANCE R WRAY  
327 PAGODA CT  
PICKERINGTON OH 43147-7945

### IMPORTANT MESSAGES

Refer to your Declarations, Policy, Schedule and endorsements to verify that coverages, limits, and other policy details are correct and meet your insurance needs. Required information forms are also enclosed for your review.

- 1) USAA considers many factors when determining your premium. Maintaining your property to reduce the probability of loss is one of the most important steps you can take. A history of claim activity may affect your coverage.

This is not a bill. Any premium charge or return for this policy will be reflected on your next regular monthly statement. For U.S. Calls: Policy Service (800) 531-8111. Claims (800) 531-8222.  
Receive this document and others electronically. Sign up at [usaa.com](http://usaa.com).

VPP-CS1

50528-0206

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9800 Fredericksburg Road • San Antonio, Texas 78288

GIC 01839 71 84

PAGE 3  
90C

**VALUABLE PERSONAL PROPERTY**  
A Personal Articles Floater

**Change Endorsement**  
**VPP-CHG (10-12)**

This endorsement, effective 04-01-16, forms a part of Policy Number GIC 01839 71 84 90C

issued to TERRANCE R WRAY

Date of endorsement 03-31-16

In consideration of RETURN premium of \$722.00 it is understood and agreed that this policy is DECREASED by \$68,400 and the following items are hereby changed as indicated.

Thereby making the total amount of this policy \$179,600, divided as follows:

**CLASS OF PERSONAL PROPERTY LIMIT OF LIABILITY**

1. B. JEWELRY - SCHEDULED COVERAGE \$179,600

EXCEPT AS SPECIFICALLY MODIFIED IN THIS ENDORSEMENT, ALL PROVISIONS OF THE POLICY TO WHICH THIS ENDORSEMENT IS ATTACHED ALSO APPLY TO THIS ENDORSEMENT

SEE ATTACHED VPP-S FOR CHANGES TO THE SCHEDULED ITEMS.

  
Steven Alan Bennett, Secretary

  
Alan W. Krapf, President

VPP-CHG (10-12)

50547-0812\_02  
Page 1 of 1

LAST PAGE 4

GIC 01839 71 84 90C



9800 Fredericksburg Road • San Antonio, Texas 78288

**VALUABLE PERSONAL PROPERTY**  
A Personal Articles Floater**SCHEDULE**

TO: 02-16-17

ITEM NUMBER		DESCRIPTION	LIMIT OF LIABILITY
SCHEDULED JEWELRY			
001	DELETE	GOLD ROLAX YATCH MASTER 2, 45 KARATS, VS, G-H COLO R	\$95,000
002	CHANGE	768 GRAMS, 10K GOLD, CUBAN LINK, 62 KARAT, ROUND D IAMOND	\$61,000
003	CHANGE	BRACELET, 42 KARAT, 14K ROSE GOLD, PRINCESS CUT RO UND, SI-2, H COLOR	\$35,000
004	CHANGE	BRACELET, 60 KARATS, GOLD, ROUND DIAMOND, SI-2, G- H COLOR	\$60,200
005	CHANGE	RING. 7 KARAT, PRINCESS ROUND DIAMONDS, SI, H COLO R	\$16,000
006	CHANGE	RING. 11 KARAT, ROUND CUT DIAMONDS, SI, H COLOR	\$7,400

**EXHIBIT C**

VPP-S

50527-0206

ADMINISTRATIVE	AGENCY NAME <b>Pickerington Police Department</b>		INCIDENT NUMBER <b>C-16-1059</b>																																																													
	CALL NUMBER <b>180000012043</b>	GEOCODE <b>2</b>	CLEARANCES:																																																													
	TOD <b>0619</b>	<input type="checkbox"/> INCIDENT	<input type="checkbox"/> A DEATH OF OFFENDER <input type="checkbox"/> B PROSECUTION DECLINED <input type="checkbox"/> C EXTRADITION DENIED <input type="checkbox"/> D VICTIM REFUSED TO COOP <input type="checkbox"/> E JUVENILE NO CUSTODY <input type="checkbox"/> F ARREST - ADULT																																																													
	TOA <b>0620</b>	<input type="checkbox"/> OFFENSE	<input type="checkbox"/> G ARREST - JUVENILE <input type="checkbox"/> H WARRANT ISSUED <input checked="" type="checkbox"/> I INVEST. PENDING <input type="checkbox"/> J CLOSED <input type="checkbox"/> K UNFOUNDED <input type="checkbox"/> U UNKNOWN																																																													
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LOCATION OF OFFENSE (a) (Enter up to two for each offense) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1. 01</td> <td>2.</td> <td>3.</td> <td>4.</td> </tr> <tr> <td>           RESIDENTIAL STRUCTURE            01 SINGLE FAMILY HOME            02 MULTIPLE DWELLING            03 RESIDENTIAL FACILITY            04 OTHER RESIDENTIAL            05 GARAGE / SHED             PUBLIC ACCESS BLDGS.            06 TRANSIT FACILITY            07 GOVERNMENT OFFICE            08 SCHOOL            09 COLLEGE            10 CHURCH            11 HOSPITAL         </td> <td>           12 JAIL/PRISON            13 PARKING GARAGE            14 OTHER PUBLIC ACCESS BUILDING             COMMERCIAL LOCATIONS            15 AUTO SHOP            16 FINANCIAL INSTITUTION            17 BARBER / BEAUTY SHOP            18 HOTEL/MOTEL            19 DRY CLEANER/LAUNDRY            20 PROFESSIONAL OFFICE            21 DOCTOR'S OFFICE            22 OTHER BUSINESS OFFICE            23 AMUSEMENT CENTER            24 RENTAL STORAGE FACILITY            25 OTHER COMMERCIAL SERVICE LOC.         </td> <td>           RETAIL            26 BAR            27 BUY / SELL / TRADE SHOW            28 RESTAURANT            29 GAS STATION            30 AUTO SALES LOT            31 JEWELRY STORE            32 CLOTHING STORE            33 DRUGSTORE            34 LIQUOR STORE            35 SHOPPING MALL            36 SPORTING GOODS            37 GROCERY / SUPERMARKET            38 VARIETY / CONVENIENCE            39 DEPARTMENT STORE         </td> <td>           40 OTHER RETAIL STORE            41 FACTORY/MILL/PLANT            42 OTHER BUILDING             OUTSIDE            43 YARD            44 CONSTRUCTION SITE            45 LAKE/WATERWAY            46 FIELDS/WOODS            47 STREET            48 PARKING LOT            49 PARK/PLAYGROUND            50 CEMETERY            51 PUBLIC TRANSIT VEHICLE            52 OTHER OUTSIDE LOCATION            77 OTHER         </td> </tr> </table>					1. 01	2.	3.	4.	RESIDENTIAL STRUCTURE 01 SINGLE FAMILY HOME 02 MULTIPLE DWELLING 03 RESIDENTIAL FACILITY 04 OTHER RESIDENTIAL 05 GARAGE / SHED  PUBLIC ACCESS BLDGS. 06 TRANSIT FACILITY 07 GOVERNMENT OFFICE 08 SCHOOL 09 COLLEGE 10 CHURCH 11 HOSPITAL	12 JAIL/PRISON 13 PARKING GARAGE 14 OTHER PUBLIC ACCESS BUILDING  COMMERCIAL LOCATIONS 15 AUTO SHOP 16 FINANCIAL INSTITUTION 17 BARBER / BEAUTY SHOP 18 HOTEL/MOTEL 19 DRY CLEANER/LAUNDRY 20 PROFESSIONAL OFFICE 21 DOCTOR'S OFFICE 22 OTHER BUSINESS OFFICE 23 AMUSEMENT CENTER 24 RENTAL STORAGE FACILITY 25 OTHER COMMERCIAL SERVICE LOC.	RETAIL 26 BAR 27 BUY / SELL / TRADE SHOW 28 RESTAURANT 29 GAS STATION 30 AUTO SALES LOT 31 JEWELRY STORE 32 CLOTHING STORE 33 DRUGSTORE 34 LIQUOR STORE 35 SHOPPING MALL 36 SPORTING GOODS 37 GROCERY / SUPERMARKET 38 VARIETY / CONVENIENCE 39 DEPARTMENT STORE	40 OTHER RETAIL STORE 41 FACTORY/MILL/PLANT 42 OTHER BUILDING  OUTSIDE 43 YARD 44 CONSTRUCTION SITE 45 LAKE/WATERWAY 46 FIELDS/WOODS 47 STREET 48 PARKING LOT 49 PARK/PLAYGROUND 50 CEMETERY 51 PUBLIC TRANSIT VEHICLE 52 OTHER OUTSIDE LOCATION 77 OTHER																																																				
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EXHIBIT D

INCIDENT NUMBER C-16-1059

INCIDENT REPORT - PART 2		INCIDENT NUMBER C-16-1059							
INCIDENT LOCATION 147 LONGLEAF ST PICKERINGTON, OH 43147		REPORT DATE / TIME 6/06/2016 0616							
NO. 001	NAME (Last, First, Middle) Strahler, Keith M	AGE/D.O.B. 37 Y 2/26/1979	SSN [REDACTED]						
ADDRESS (Street, Apt. City, State, Zip) 147 Longleaf St Pickerington OH 43147		PHONE (614) 506-5591							
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) Ferguson Water Works 3845 Groveport RD Columbus, OH 43207		PHONE (614) 497-2323							
STATEMENT OBTAINED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE <input checked="" type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER									
CHECK CATEGORIES <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input type="checkbox"/> SUSPECT VEH <input checked="" type="checkbox"/> VICTIM'S VEH <input type="checkbox"/> UNAUTH. USE <input type="checkbox"/> ABANDONED									
NO. 1	DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE	UC GIV1306	OH 9/21/2018 PC						
VYR 2014	VMA CHEV	VMO CAM	VST VCO TOP RED BOTTOM BLK						
VEHICLE ASSOC. NO. WV SUSPECT NO.		VEHICLE ASSOC. NO. VW VICTIM NO. 1	VEHICLE TONED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
STOLEN MOTOR VEHICLE ONLY		AREA STOLEN: <input type="checkbox"/> RESID. <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL	ADDITIONAL DESCRIPTION Wray						
AUTO INSURER NAME (Company) ADDRESS (Street, City, State, Zip)		PHONE							
MOTOR VEHICLE RECOVERY ONLY		STOLEN IN YOUR JURISDICTION <input type="checkbox"/> Y <input type="checkbox"/> N WHERE RECOVERED? 0							
TYPE PROPERTY LOSS / ETC. (enter codes below)		TOTAL VALUE \$8,942.00							
LOSS CODE E		QUANTITY 1 DESCRIPTION Fingerprint							
VEH NO.		MAKE / BRAND Fingerprint							
SERIAL NUMBER		NCIC NUMBER							
LOSS CODE 5		QUANTITY 1 DESCRIPTION Amplifier (Wray)							
VEH NO.		MAKE / BRAND							
SERIAL NUMBER		NCIC NUMBER							
LOSS CODE 5		QUANTITY 1 DESCRIPTION Suitcase with various clothes (Wray)							
VEH NO.		MAKE / BRAND							
SERIAL NUMBER		NCIC NUMBER							
LOSS CODE 5		QUANTITY 1 DESCRIPTION Laptop (Wray)							
VEH NO.		MAKE / BRAND Macintosh (Apple)							
SERIAL NUMBER		NCIC NUMBER							
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6/5/2016									
Multiple thefts from vehicles in the Fox Glen housing development.									



## SUSPECT / ARRESTEE SUPPLEMENT

VICTIM		INCIDENT NO. C-16-1059		INCIDENT DATE / TIME 6/05/2016 0616		CHARGES FILED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Wray, Terrance Ronnell		OFFENSE Theft - without consent					
NO. 1		CHECK APPROPRIATE CATEGORY		SSN			
<input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE		<input type="checkbox"/> SUSPECT <input type="checkbox"/> ARRESTEE <input type="checkbox"/> SUSPECT / ARRESTEE <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING <input type="checkbox"/> OTHER					
NAME (Last, First, Middle)		GANG AFFILIATION					
Unknown,							
ALIAS		PHONE					
ADDRESS (Street, Apt., City, State, Zip)		PHONE					
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		OCCUPATION / SCHOOL					
PLACE OF BIRTH		DL# / STATE					
AGE / D.O.B.		SEX M		RACE B		HT 510 WT 170 HAIR BRO EYES U	
MARITAL STATUS N		SCARS, MARKS, TATTOOS					
ADDITIONAL DESCRIPTIVES							
SUSPECTED OF USING:		POTENTIAL INJURIES					
<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS		<input type="checkbox"/> UNKNOWN					
RESIDENT STATUS		01 <input type="checkbox"/> RESIDENT 02 <input type="checkbox"/> TOURIST 03 <input type="checkbox"/> MILITARY 04 <input type="checkbox"/> STUDENT 05 <input type="checkbox"/> OTHER					
TYPE WEAPON USED / ARRESTEE WAS ARMED WITH		ARRESTEE ARMED WITH 1. 2. 3.					
SUSPECT USED 1. 99 2. 3.		13B <input type="checkbox"/> OTHER FULLY AUTOMATIC FIREARM		17 <input type="checkbox"/> SIMULATED FIREARM		60 <input type="checkbox"/> POISON	
11 <input type="checkbox"/> RIFLE		14 <input type="checkbox"/> SHOTGUN		18 <input type="checkbox"/> BB / PELLET GUN		65 <input type="checkbox"/> EXPLOSIVES	
12 <input type="checkbox"/> HANDGUN		15 <input type="checkbox"/> OTHER FIREARM		20 <input type="checkbox"/> KNIFE / CUTTING INSTRUMENT		66 <input type="checkbox"/> FIRE / INCENDIARY DEVICE	
12A <input type="checkbox"/> AUTOMATIC HANDGUN		16A <input type="checkbox"/> SEMI-AUTOMATIC SPORTING RIFLE		30 <input type="checkbox"/> BLUNT OBJECT		70 <input type="checkbox"/> DRUGS / WARC / SLEEPING PILLS	
13 <input type="checkbox"/> RIFLE		16B <input type="checkbox"/> SEMI-AUTOMATIC ASSAULT FIREARM		35 <input type="checkbox"/> MOTOR VEHICLE		80 <input type="checkbox"/> OTHER WEAPON	
13A <input type="checkbox"/> FULLY AUTOMATIC RIFLE		16C <input type="checkbox"/> MACHINE PISTOL		40 <input type="checkbox"/> PERSONAL WEAPON		85 <input type="checkbox"/> ASPHYXIATION	
		18 <input type="checkbox"/> IMITATION FIREARM				U <input type="checkbox"/> UNKNOWN	
NAME		ADDRESS (Street, Apt., City, State, Zip)		PHONE			
1.		1.		1.			
2.		2.		2.			
ARREST / OFFENSE DESCRIPTION		ARREST / OFFENSE CODE		P / M & DEGREE		ARREST / ARREST TYPE	
1.		1.		1.		23A <input type="checkbox"/> POCKET PICKING	
2.		2.		2.		23B <input type="checkbox"/> PURSE SNATCHING	
3.		3.		3.		23C <input type="checkbox"/> SHOPLIFTING	
4.		4.		4.		23D <input type="checkbox"/> THEFT FROM BUILDING	
5.		5.		5.		23E <input type="checkbox"/> THEFT FROM COIN-OP MACH.	
						23F <input type="checkbox"/> THEFT FROM MOTOR VEH.	
						23G <input type="checkbox"/> MOTOR VEH. PART	
						240 <input type="checkbox"/> THEFT OF MOTOR VEHICLE	
						23H <input type="checkbox"/> OTHER:	
ARREST DATE		TIME		ARREST LOCATION (Street, Apt., City, State, Zip)		BAIL	
ARREST TRANSACTION NUMBER		WARRANT NUMBER		ARREST DISPOSITION		TIME READ	
MIRANDA WITNESSED BY:							
FINGERPRINTED <input type="checkbox"/> Y <input type="checkbox"/> N		FINGERPRINT CARD NO.		PHOTOS TAKEN <input type="checkbox"/> Y <input type="checkbox"/> N		NO. TAKEN	
PHOTO ID NO.		FBI / BCI #					
MULTIPLE ARREST INDICATOR		ARREST TYPE		IN-PROGRESS		SUMMONS	
<input type="checkbox"/> COUNT ARRESTEE <input type="checkbox"/> MULTIPLE ARREST INDICATOR		<input type="checkbox"/> COMPLAINT <input type="checkbox"/> WARRANT		<input type="checkbox"/> ORDER OF PROTECTION		<input type="checkbox"/> CUSTODY	
JUV. PARENT / GDN. NOTIFIED <input type="checkbox"/> Y <input type="checkbox"/> N		DATE / TIME NOTIFIED		NOTIFIED BY		JUVENILE DISPOSITION	
PARENT / GUARDIAN ADDRESS (Street, Apt., City, State, Zip)		RELATIONSHIP		PHONE			
PARENT / GUARDIAN ADDRESS (Street, Apt., City, State, Zip)		RELATIONSHIP		PHONE			
PREVIOUS RUN / MISS <input type="checkbox"/> Y <input type="checkbox"/> N		DATE OF LAST CONTACT		DATE OF EMANCIPATION		NCIC #	
LAST SEEN WEARING							
REPORTING OFFICER / ARRESTING OFFICER		BADGE NO. 413		DATE 6/05/2016			
APPROVING OFFICER		BADGE NO. 406		DATE 6/14/2016			
Harooun, Ibrahim				COURT DATE			
COURT							



## VICTIM / WITNESS SUPPLEMENT

INCIDENT NUMBER C-16-1059		INCIDENT DATE / TIME 6/05/2016 0616	
VICTIM Wray, Terrance Ronnell		OFFENSE Theft - without consent	
NO. 2	TOTAL 6	NAME (Last, First, Middle) Miller, Chanara L	
ADDRESS (Street, Apt., City, State, Zip) 327 Pagoda Court Pickerington, OH 43147		PHONE (614) 452-0459	
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip)		PHONE	
AGE / DOB 34 YRS 6/03/1982	SEX F	RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O	HGT 5' 2"
OCCUPATION SSN		WGT 137	HAIR BRO EYES BRO
RESIDENT STATUS <input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> TOURIST <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER		MILITARY <input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> UNKNOWN <input type="checkbox"/>	
VICTIM TYPE <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS		FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/>	
VICTIM INJURED?		VICTIM LINKED TO OFFENSE NO(S)	
AGG. ASLT / HOMICIDE CIRC.		DATE	
My signature verifies that the information on this report is accurate and true.			
NO. 3	TOTAL 6	NAME (Last, First, Middle) FORTNEY, JOHN	
ADDRESS (Street, Apt., City, State, Zip) 151 LONGLEAF ST PICKERINGTON, OH 43147 7940		PHONE (614) 570-7131	
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip) Ohio Senate 1 Capital SQR Columbus, OH 43147		PHONE	
AGE / DOB 48 YRS 5/04/1968	SEX M	RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O	HGT 6' 1"
OCCUPATION Other		WGT 200	HAIR BRO EYES GRN
RESIDENT STATUS <input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> TOURIST <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER		MILITARY <input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> UNKNOWN <input type="checkbox"/>	
VICTIM TYPE <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS		FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/>	
VICTIM INJURED?		VICTIM LINKED TO OFFENSE NO(S)	
AGG. ASLT / HOMICIDE CIRC.		DATE	
My signature verifies that the information on this report is accurate and true.			
NO.	NAME (Last, First, Middle)	AGE / D.O.B.	SSN
ADDRESS (Street, Apt., City, State, Zip)		PHONE	
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip)		PHONE	
STATEMENT OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			
NO.	NAME (Last, First, Middle)	AGE / D.O.B.	SSN
ADDRESS (Street, Apt., City, State, Zip)		PHONE	
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip)		PHONE	
STATEMENT OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			
NO.	NAME (Last, First, Middle)	AGE / D.O.B.	SSN
ADDRESS (Street, Apt., City, State, Zip)		PHONE	
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip)		PHONE	
STATEMENT OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			
NO.	NAME (Last, First, Middle)	AGE / D.O.B.	SSN
ADDRESS (Street, Apt., City, State, Zip)		PHONE	
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip)		PHONE	
STATEMENT OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			
REPORTING OFFICER Fries, Nathan		BADGE NO. 413	DATE 6/05/2016
APPROVING OFFICER Haroon, Ibrahim		BADGE NO. 406	DATE 6/14/2016

## VICTIM / WITNESS SUPPLEMENT

INCIDENT NUMBER <b>C-16-1059</b>	
VICTIM <b>Wray, Terrance Ronnell</b>	OFFENSE <b>Theft - without consent</b>
INCIDENT DATE / TIME <b>6/05/2016 0616</b>	

NO.	TOTAL	NAME (Last, First, Middle) <b>MANALAC, ALICIA</b>	PHONE <b>(740) 407-0260</b>
ADDRESS (Street, Apt., City, State, Zip) <b>309 LINDEN CIR PICKERINGTON, OH 43147 7942</b>			PHONE
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip) <b>Unknown</b>			
AGE / DOB	SEX	RACE <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> U	HGT
<b>35 YRS 9/16/1980</b>	<b>F</b>	<b>W</b>	<b>5' 9"</b>
WGT		HAIR	EYES
<b>130</b>		<b>BRO</b>	<b>BRO</b>
OCCUPATION <b>Unknown</b>		SSN <b>[REDACTED]</b>	
RESIDENT STATUS <input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> TOURIST <input type="checkbox"/> MILITARY <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN			
VICTIM TYPE <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER			
VICTIM INJURED? <input type="checkbox"/>			
AGG. ASLT / HOMICIDE CIRC.		VICT / OFF RELATIONSHIP	VICTIM LINKED TO OFFENDER NO(S)
		<b>Stranger</b>	<b>1</b>
My signature verifies that the information on this report is accurate and true.			

NO.	TOTAL	NAME (Last, First, Middle) <b>Strahler, Keith M</b>	PHONE <b>(614) 506-5591</b>
ADDRESS (Street, Apt., City, State, Zip) <b>147 Longleaf St Pickerington, OH 43147</b>			PHONE <b>(614) 497-2323</b>
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip) <b>Ferguson Water Works 3845 Groveport RD Columbus, OH 43207</b>			
AGE / DOB	SEX	RACE <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> U	HGT
<b>37 YRS 2/26/1979</b>	<b>M</b>	<b>W</b>	<b>6' 2"</b>
WGT		HAIR	EYES
<b>295</b>		<b>BRO</b>	<b>BRO</b>
OCCUPATION <b>Sales Person</b>		SSN <b>[REDACTED]</b>	
RESIDENT STATUS <input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> TOURIST <input type="checkbox"/> MILITARY <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN			
VICTIM TYPE <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER			
VICTIM INJURED? <input type="checkbox"/>			
AGG. ASLT / HOMICIDE CIRC.		VICT / OFF RELATIONSHIP	VICTIM LINKED TO OFFENDER NO(S)
		<b>Stranger</b>	<b>1</b>
My signature verifies that the information on this report is accurate and true.			

NO.	NAME (Last, First, Middle)	AGE / D.O.B.	SSN
ADDRESS (Street, Apt., City, State, Zip)		PHONE	
EMPLOYER NAME AND (Street, City, State, Zip)		PHONE	
STATEMENT OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			

NO.	NAME (Last, First, Middle)	AGE / D.O.B.	SSN
ADDRESS (Street, Apt., City, State, Zip)		PHONE	
EMPLOYER NAME AND (Street, City, State, Zip)		PHONE	
STATEMENT OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			

NO.	NAME (Last, First, Middle)	AGE / D.O.B.	SSN
ADDRESS (Street, Apt., City, State, Zip)		PHONE	
EMPLOYER NAME AND (Street, City, State, Zip)		PHONE	
STATEMENT OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			

NO.	NAME (Last, First, Middle)	AGE / D.O.B.	SSN
ADDRESS (Street, Apt., City, State, Zip)		PHONE	
EMPLOYER NAME AND (Street, City, State, Zip)		PHONE	
STATEMENT OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			

REPORTING OFFICER <b>Fries, Nathan</b>	BADGE NO. <b>413</b>	DATE <b>6/05/2016</b>
APPROVING OFFICER <b>Haroon, Ibrahim</b>	BADGE NO. <b>406</b>	DATE <b>6/14/2016</b>



## VICTIM / WITNESS SUPPLEMENT

VICTIM		Wray, Terrance Ronnell		OFFENSE	Theft - without consent		INCIDENT NUMBER	C-16-1059	
INCIDENT DATE / TIME		6/05/2016		0616					
NO.	6	TOTAL	6	NAME (Last, First, Middle)		Strahler, Cynthia D		PHONE	
ADDRESS (Street, Apt., City, State, Zip)		147 Longleaf St		Pickerington, OH 43147				(614) 506-5591	
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip)		Unknown							
AGE / DOB	39 YRS / 3/12/1977	SEX	F	RACE	<input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> U	HGT	5' 7"	WGT	132
OCCUPATION	Other	SSN			RESIDENT STATUS	<input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> TOURIST <input type="checkbox"/> MILITARY <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER	HAIR	BLN	EYES
VICTIM TYPE	<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	<input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> RELIGIOUS ORGANIZATION		<input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> UNKNOWN				
VICTIM INJURED?									
AGG. ASLT / HORRIBLE CRIM.	VICT / OFF RELATIONSHIP		Stranger		VICTIM LINKED TO OFFENDER NO(S)		VICTIM LINKED TO OFFENSE NO(S)		
My signature verifies that the information on this report is accurate and true.									
NO.		TOTAL		NAME (Last, First, Middle)				PHONE	
ADDRESS (Street, Apt., City, State, Zip)								PHONE	
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip)								HAIR	
AGE / DOB		SEX		RACE	<input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> U	HGT		WGT	
OCCUPATION		SSN			RESIDENT STATUS	<input type="checkbox"/> RESIDENT <input type="checkbox"/> TOURIST <input type="checkbox"/> MILITARY <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER	HAIR		EYES
VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	<input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> RELIGIOUS ORGANIZATION		<input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> UNKNOWN				
VICTIM INJURED?									
AGG. ASLT / HORRIBLE CRIM.	VICT / OFF RELATIONSHIP				VICTIM LINKED TO OFFENDER NO(S)		VICTIM LINKED TO OFFENSE NO(S)		
My signature verifies that the information on this report is accurate and true.									
NO.		NAME (Last, First, Middle)		AGE / D.O.B.		SSN		PHONE	
ADDRESS (Street, Apt., City, State, Zip)								PHONE	
EMPLOYER NAME AND (Street, City, State, Zip)								PHONE	
STATEMENT OBTAINED		<input type="checkbox"/> Y <input type="checkbox"/> N	TYPE		<input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER				
NO.		NAME (Last, First, Middle)		AGE / D.O.B.		SSN		PHONE	
ADDRESS (Street, Apt., City, State, Zip)								PHONE	
EMPLOYER NAME AND (Street, City, State, Zip)								PHONE	
STATEMENT OBTAINED		<input type="checkbox"/> Y <input type="checkbox"/> N	TYPE		<input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER				
NO.		NAME (Last, First, Middle)		AGE / D.O.B.		SSN		PHONE	
ADDRESS (Street, Apt., City, State, Zip)								PHONE	
EMPLOYER NAME AND (Street, City, State, Zip)								PHONE	
STATEMENT OBTAINED		<input type="checkbox"/> Y <input type="checkbox"/> N	TYPE		<input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER				
NO.		NAME (Last, First, Middle)		AGE / D.O.B.		SSN		PHONE	
ADDRESS (Street, Apt., City, State, Zip)								PHONE	
EMPLOYER NAME AND (Street, City, State, Zip)								PHONE	
STATEMENT OBTAINED		<input type="checkbox"/> Y <input type="checkbox"/> N	TYPE		<input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER				
REPORTING OFFICER		Fries, Nathan		BADGE NO.		413		DATE	
APPROVING OFFICER		Haroon, Ibrahim		BADGE NO.		406		DATE	
								6/05/2016	
								6/14/2016	

## PROPERTY SUPPLEMENT

VICTIM <b>Wray, Terrance Ronnell</b>		OFFENSE <b>Theft - without consent</b>		INCIDENT NO. <b>C-16-1059</b>
TYPE PROPERTY LOSS / ETC. (enter codes below)		INCIDENT DATE / TIME <b>6/05/2016 0616</b>		P PHOTO E EVIDENCE VALUE
LOSS CODE <b>5</b>	QUANTITY <b>1</b>	DESCRIPTION (Wray)	PROP CODE <b>17</b>	VALUE <b>\$1.00</b>
VEH	MAKE / BRAND <b>Apple</b>	MODEL <b>Ipad</b>	DATE RECOVERED	
SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER		
LOSS CODE <b>5</b>	QUANTITY <b>1</b>	DESCRIPTION <b>Necklass, Bracelet, Diamond Ring (Wray)</b>	PROP CODE <b>8</b>	VALUE <b>\$1.00</b>
VEH	MAKE / BRAND	MODEL	DATE RECOVERED	
SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER		
LOSS CODE <b>5</b>	QUANTITY <b>1</b>	DESCRIPTION <b>Currency (Miller)</b>	PROP CODE <b>1</b>	VALUE <b>\$1,700.00</b>
VEH	MAKE / BRAND	MODEL	DATE RECOVERED	
SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER		
LOSS CODE <b>5</b>	QUANTITY <b>1</b>	DESCRIPTION <b>Debit Card (Miller)</b>	PROP CODE <b>2</b>	VALUE <b>\$1.00</b>
VEH	MAKE / BRAND <b>US Bank</b>	MODEL	DATE RECOVERED	
SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER		
LOSS CODE <b>5</b>	QUANTITY <b>1</b>	DESCRIPTION <b>Purse (Miller)</b>	PROP CODE <b>12</b>	VALUE <b>\$1.00</b>
VEH	MAKE / BRAND	MODEL	DATE RECOVERED	
SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER		
LOSS CODE <b>5</b>	QUANTITY <b>1</b>	DESCRIPTION <b>Phone (Miller)</b>	PROP CODE <b>54</b>	VALUE <b>\$1.00</b>
VEH	MAKE / BRAND <b>T-Mobile</b>	MODEL	DATE RECOVERED	
SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER		
LOSS CODE <b>5</b>	QUANTITY <b>1</b>	DESCRIPTION <b>Silver 2004 Toyota RAV4, VIN JTEGD20V840021545</b>	PROP CODE <b>10</b>	VALUE <b>\$4,500.00</b>
VEH	MAKE / BRAND <b>2004 Toyota</b>	MODEL <b>RAV4</b>	DATE RECOVERED	
SERIAL NUMBER <b>JTEGD20V840021545</b>	NCIC NUMBER	OTHER NUMBER		
LOSS CODE <b>5</b>	QUANTITY <b>1</b>	DESCRIPTION <b>Old pocket watch \$50, Gold Buliva watch \$100, Brown Jack Victor Suit \$700, Brown Penny Loafers \$75</b>	PROP CODE <b>10</b>	VALUE <b>\$925.00</b>
VEH	MAKE / BRAND <b>Items in Vehicle</b>	MODEL <b>Misc</b>	DATE RECOVERED	
SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER		
LOSS CODE <b>5</b>	QUANTITY <b>1</b>	DESCRIPTION <b>(1) Evenflo Booster Seat black w/ blue trim</b>	PROP CODE <b>10</b>	VALUE <b>\$37.00</b>
VEH	MAKE / BRAND <b>Evenflo</b>	MODEL <b>Booster Seat</b>	DATE RECOVERED	
SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER		
LOSS CODE <b>5</b>	QUANTITY <b>1</b>	DESCRIPTION <b>STRAHLER</b>	PROP CODE <b>17</b>	VALUE <b>\$1,000.00</b>
VEH	MAKE / BRAND <b>HP ELITE BOOK</b>	MODEL <b>LAP TOP</b>	DATE RECOVERED	
SERIAL NUMBER <b>CNU311BBNH</b>	NCIC NUMBER	OTHER NUMBER		

## PROPERTY CODES:

## EXCHANGE MEDIUMS

- 01 Money
- 02 Credit / Debit Card
- 03 Negotiable Instruments
- 04 Other Exchange Medium

## DOCUMENTS

- 05 Non-Negotiable Instruments
- 06 Personal Papers
- 07 Other Documents

## VALUABLES

- 08 Jewelry / Precious Metals
- 09 Art Object / Antiques
- 10 Other Valuables

## PERSONAL EFFECTS

- 11 Clothing / Furs
- 12 Purses / Handbags / Wallets
- 13 Other Personal Effects

## HOUSEHOLD ITEMS

- 14 Household Items

## EQUIPMENT

- 15 Drug / Narcotic Equip.
- 16 Gambling Equip.
- 17 Comp. Hardware / Soft.
- 18 Office Equip.
- 19 Stereo / T.V. Equip.
- 20 Recordings / Audio Vis.
- 21 Sports Equipment

- 22 Photographic Equip.
- 23 Farm Equipment
- 24 Heavy Construction / Industrial
- 25 Building Supplies
- 26 Tools
- 27 Vehicle Parts / Acces.
- 28 School Supplies
- 29 Other Equipment
- 30 Consumable Items
- 31 Alcohol
- 32 Drugs / Narcotics
- 33 Consumable Goods

## ANIMALS

- 34 Livestock
- 35 Household Pets

## VEHICLES

- 36 Aircraft
- 37 Automobiles
- 38 Bicycles
- 39 Buses
- 40 Trucks
- 41 Trailers
- 42 Watercraft
- 43 Recreational Veh.
- 44 Other Motor Veh.
- 45 Firearms
- 46 Other Weapons

## STRUCTURES

- 47 Single Occupancy
- 48 Other Dwellings
- 49 Commercial / Bus.
- 50 Indus. / Mfg.
- 51 Public / Comm.
- 52 Storage
- 53 Other Structures
- 54 Other Property
- 55 Pending Inventory

## PROPERTY SUPPLEMENT

VICTIM <b>Wray, Terrance Ronnell</b>		OFFENSE <b>Theft - without consent</b>		INCIDENT NO. <b>C-16-1059</b>	
TYPE PROPERTY (enter codes below)		INCIDENT DATE / TIME <b>6/05/2016 0616</b>		P. PHOTO E. EVIDENCE VALUE	
LOSS CODE 5		QUANTITY 1		DESCRIPTION STRAHLER	
VEH		MAKE / BRAND <b>E BAGS</b>		MODEL <b>BAG</b>	
SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER	
LOSS CODE 5		QUANTITY 1		DESCRIPTION STRAHLER	
VEH		MAKE / BRAND <b>2014-2015 TAX RETURNS</b>		MODEL	
SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER	
LOSS CODE 5		QUANTITY 1		DESCRIPTION STRAHLER	
VEH		MAKE / BRAND <b>GIFT CARD</b>		MODEL <b>MISC</b>	
SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER	
LOSS CODE 5		QUANTITY 1		DESCRIPTION STRAHLER	
VEH		MAKE / BRAND <b>COACH</b>		MODEL <b>SUNGLASSES WOMENS</b>	
SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER	
LOSS CODE 5		QUANTITY 1		DESCRIPTION STRAHLER	
VEH		MAKE / BRAND <b>BOSE HEAD PHONES</b>		MODEL <b>QUIET COMFORT</b>	
SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER	
LOSS CODE 5		QUANTITY 1		DESCRIPTION Strahler	
VEH		MAKE / BRAND <b>2014-2015 Tax Returns</b>		MODEL	
SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER	
LOSS CODE		QUANTITY		DESCRIPTION	
VEH		MAKE / BRAND		MODEL	
SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER	
LOSS CODE		QUANTITY		DESCRIPTION	
VEH		MAKE / BRAND		MODEL	
SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER	
LOSS CODE		QUANTITY		DESCRIPTION	
VEH		MAKE / BRAND		MODEL	
SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER	
LOSS CODE		QUANTITY		DESCRIPTION	
VEH		MAKE / BRAND		MODEL	
SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER	

## PROPERTY CODES:

## EXCHANGE MEDIUMS

- 01 Money
- 02 Credit / Debt Card
- 03 Negotiable Instruments
- 04 Other Exchange Medium

## DOCUMENTS

- 05 Non-Negotiable Instruments
- 06 Personal Papers
- 07 Other Documents

## VALUABLES

- 08 Jewelry / Precious Metals
- 09 Art Object / Antiques
- 10 Other Valuables

## PERSONAL EFFECTS

- 11 Clothing / Pura
- 12 Purse / Handbags / Wallets
- 13 Other Personal Effects

## HOUSEHOLD ITEMS

- 14 Household Items

## EQUIPMENT

- 15 Drug / Narcotic Equip.
- 16 Gambling Equip.
- 17 Comp. Hardware / Soft.
- 18 Office Equip.
- 19 Stereo / T.V. Equip.
- 20 Recordings / Audio Vis.
- 21 Sports Equipment

## 22 Photographic Equip.

- 23 Farm Equipment
- 24 Heavy Construction / Industrial
- 25 Building Supplies
- 26 Tools
- 27 Vehicle Parts / Acces.

## 28 School Supplies

- 29 Other Equipment

## CONSUMABLE ITEMS

- 30 Alcohol
- 31 Drugs / Narcotics
- 32 Consumable Goods

## ANIMALS

- 33 Livestock
- 34 Household Pets

## VEHICLES

- 35 Aircraft
- 36 Automobiles
- 37 Bicycles
- 38 Buses
- 39 Trucks
- 40 Trailers
- 41 Watercraft
- 42 Recreational Veh.
- 43 Other Motor Veh.

## WEAPONS

- 44 Firearms
- 45 Other Weapons

## STRUCTURES

- 46 Single Occupancy
- 47 Other Dwellings
- 48 Commercial / Bus.
- 49 Indus. / Mfg.
- 50 Public / Comm.
- 51 Storage
- 52 Other Structures

## OTHER

- 53 Merchandise
- 54 Other Property
- 55 Pending Inventory



## VEHICLE SUPPLEMENT

VICTIM		OFFENSE		INCIDENT NUMBER		INCIDENT DATE / TIME	
Wray, Terrance Ronnell		Theft - without consent		C-16-1059		6/05/2016 0616	
CHECK CATEGORIES <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input type="checkbox"/> SUSPECT'S VEHICLE <input checked="" type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> UNAUTH. USE <input type="checkbox"/> ABANDONED		VALUE \$1.00					
NO. 1	<input type="checkbox"/> DAMAGE TO VEHICLE <input checked="" type="checkbox"/> THEFT FROM VEHICLE	LIC GDH4366	US OH	LY 2/26/2018	LT PC	VIN / OAN 2B3KA43G66H491248	
VYR 2006	VMA DODG	VMO CHA	VST	VCO BLK	VEHICLE LOCKED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	KEYS IN VEHICLE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	HOLD VEHICLE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
VEHICLE ASSOC. W/ SUSPECT NO.		VEHICLE ASSOC. W/ VICTIM NO. 2		VEHICLE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N TOWED BY		OWNERSHIP TAG RECEIPT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
STOLEN MOTOR NO.		AREA STOLEN <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL <input type="checkbox"/> RESID. <input checked="" type="checkbox"/> ADDITIONAL DESCRIPTION Miller		VERIFIED BY:		TITLE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
VEHICLE ONLY STOLEN		PHONE		AUTO INSURER NAME (Company) AND ADDRESS (Street, City, State, Zip)			
MOTOR VEHICLE NO.		DATE REC.		STOLEN IN YOUR JURISDICTION <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		WHERE RECOVERED?	
RECOVERY ONLY RECOVERED		6/05/2016		Fox Glen Dr E Pickerington O			
CHECK CATEGORIES <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input type="checkbox"/> SUSPECT'S VEHICLE <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> UNAUTH. USE <input type="checkbox"/> ABANDONED		VALUE \$1.00					
NO. 1	<input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE	LIC GAB4994	US OH	LY	LT PC	VIN / OAN JTEGD20V840021545	
VYR 2004	VMA TOYT	VMO RAV	VST	VCO SIL	VEHICLE LOCKED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	KEYS IN VEHICLE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	HOLD VEHICLE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
VEHICLE ASSOC. W/ SUSPECT NO.		VEHICLE ASSOC. W/ VICTIM NO. 3		VEHICLE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N TOWED BY		OWNERSHIP TAG RECEIPT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
STOLEN MOTOR NO.		AREA STOLEN <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL <input type="checkbox"/> RESID. <input checked="" type="checkbox"/> ADDITIONAL DESCRIPTION		VERIFIED BY:		TITLE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
VEHICLE ONLY STOLEN		PHONE		AUTO INSURER NAME (Company) AND ADDRESS (Street, City, State, Zip)			
MOTOR VEHICLE NO.		DATE REC.		STOLEN IN YOUR JURISDICTION <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		WHERE RECOVERED?	
RECOVERY ONLY RECOVERED		6/05/2016		Fox Glen Dr E Pickerington O			
CHECK CATEGORIES <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input type="checkbox"/> SUSPECT'S VEHICLE <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> UNAUTH. USE <input type="checkbox"/> ABANDONED		VALUE \$1.00					
NO. 1	<input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE	LIC GE9199	US OH	LY	LT PC	VIN / OAN 1GNKRGE7BJ231825	
VYR 2011	VMA CHEV	VMO TRAV	VST	VCO	VEHICLE LOCKED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	KEYS IN VEHICLE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	HOLD VEHICLE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
VEHICLE ASSOC. W/ SUSPECT NO.		VEHICLE ASSOC. W/ VICTIM NO. 4		VEHICLE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N TOWED BY		OWNERSHIP TAG RECEIPT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
STOLEN MOTOR NO.		AREA STOLEN <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL <input type="checkbox"/> RESID. <input checked="" type="checkbox"/> ADDITIONAL DESCRIPTION		VERIFIED BY:		TITLE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
VEHICLE ONLY STOLEN		PHONE		AUTO INSURER NAME (Company) AND ADDRESS (Street, City, State, Zip)			
MOTOR VEHICLE NO.		DATE REC.		STOLEN IN YOUR JURISDICTION <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		WHERE RECOVERED?	
RECOVERY ONLY RECOVERED		6/05/2016		Fox Glen Dr E Pickerington O			
CHECK CATEGORIES <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input type="checkbox"/> SUSPECT'S VEHICLE <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> UNAUTH. USE <input type="checkbox"/> ABANDONED		VALUE \$1.00					
NO. 2	<input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE	LIC FWK8123	US OH	LY	LT	VIN / OAN 1YVFP80C235M32525	
VYR 2003	VMA MAZD	VMO 6	VST	VCO MAR	VEHICLE LOCKED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	KEYS IN VEHICLE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	HOLD VEHICLE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
VEHICLE ASSOC. W/ SUSPECT NO.		VEHICLE ASSOC. W/ VICTIM NO. 4		VEHICLE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N TOWED BY		OWNERSHIP TAG RECEIPT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
STOLEN MOTOR NO.		AREA STOLEN <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL <input type="checkbox"/> RESID. <input checked="" type="checkbox"/> ADDITIONAL DESCRIPTION		VERIFIED BY:		TITLE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
VEHICLE ONLY STOLEN		PHONE		AUTO INSURER NAME (Company) AND ADDRESS (Street, City, State, Zip)			
MOTOR VEHICLE NO.		DATE REC.		STOLEN IN YOUR JURISDICTION <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		WHERE RECOVERED?	
RECOVERY ONLY RECOVERED		6/05/2016		Fox Glen Dr E Pickerington O			
CHECK CATEGORIES <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input type="checkbox"/> SUSPECT'S VEHICLE <input checked="" type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> UNAUTH. USE <input type="checkbox"/> ABANDONED		VALUE \$1.00					
NO. 1	<input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE	LIC 955YGN	US OH	LY	LT	VIN / OAN 1FTFW1ET4EFA10150	
VYR 2014	VMA FORD	VMO F150	VST	VCO	VEHICLE LOCKED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	KEYS IN VEHICLE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	HOLD VEHICLE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
VEHICLE ASSOC. W/ SUSPECT NO.		VEHICLE ASSOC. W/ VICTIM NO. 5		VEHICLE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N TOWED BY		OWNERSHIP TAG RECEIPT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
STOLEN MOTOR NO.		AREA STOLEN <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL <input type="checkbox"/> RESID. <input checked="" type="checkbox"/> ADDITIONAL DESCRIPTION		VERIFIED BY:		TITLE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
VEHICLE ONLY STOLEN		PHONE		AUTO INSURER NAME (Company) AND ADDRESS (Street, City, State, Zip)			
MOTOR VEHICLE NO.		DATE REC.		STOLEN IN YOUR JURISDICTION <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		WHERE RECOVERED?	
RECOVERY ONLY RECOVERED		6/05/2016		Fox Glen Dr E Pickerington O			
REPORTING OFFICER		413		DATE		6/05/2016	
Fries, Nathan				DATE		6/14/2016	
APPROVING OFFICER		406		DATE		6/14/2016	
Haroon, Ibrahim				DATE		6/14/2016	

**NARRATIVE SUPPLEMENT**

INCIDENT NUMBER

C-16-1059

VICTIM

Wray, Terrance Ronnell

OFFENSE

Theft - without consent

INCIDENT DATE / TIME

6/05/2016 0616

Narrative Type: Dispatch Narrative

Topic: TRANSFERRED FROM CAD

Narrative Reporting Officer: Dawes-Bailey, Melissa D8

ITEMS TAKEN FROM VEHICLE

WHT FORD F150

NO 64D TO VEHICLE

955YGN // RJ229619

RU732178

C-16-1059

REASON CLEARED

A ☐ DEATH OF OFFENDERB ☐ PROSECUTION DECLINEDC ☐ EXTRADITION DENIEDD ☐ VICTIM REFUSED TO COOP.E ☐ JUVENILE / NO CUSTODYF ☐ ARREST - ADULTG ☐ ARREST - JUVENILEH ☐ WARRANT ISSUEDI ☒ INVEST. PENDINGJ ☐ CLOSEDK ☐ UNFOUNDEDU ☐ UNKNOWN

DATE CLEARED

6/05/2016

REPORTING OFFICER

Fries, Nathan

BADGE NO.

413

DATE

6/05/2016

APPROVING OFFICER

Haroon, Ibrahim

BADGE NO.

406

DATE

6/14/2016

**NARRATIVE SUPPLEMENT**

INCIDENT NUMBER

**C-16-1059**

<b>VICTIM</b> <b>Wray, Terrance Ronnell</b>	<b>OFFENSE</b> <b>Theft - without consent</b>	<b>INCIDENT DATE / TIME</b> <b>6/05/2016 0616</b>
------------------------------------------------	--------------------------------------------------	------------------------------------------------------

**Narrative Type: Supplement** **Topic:**

**Narrative Reporting Officer: Silvernail, David 408**  
On 6/5/16 I responded to 327 Pagoda Court on a vehicle break in.

I met with Terrance Wray who stated he had three vehicles gone through in his driveway. The vehicles were left unlocked.

He stated he had returned home around 02:15 hrs and the vehicles were fine. He stated his girlfriend Chanara Miller left for work around 10:15 hours and noticed her purse missing from the Dodge. She ended up driving a Chevy Malibu to her work. The Chevy was not present at the time of the report and the information on the vehicle was unavailable and what may have been taken from it was unavailable. He was unable to contact Mrs. Miller due to her phone having been in the purse.

The first vehicle was a black Dodge Charge Ohio registration GDH4366, belongs to Mrs. Miller. Upon inspection the glove box and console were open. Mr. Wray stated Chanara's purse was taken from the vehicle. The purse contained \$1700.00 in cash to pay their rent. He stated he was also aware of a US Debit card she owns and the T-Mobile phone (614) 452-0459 were in the purse. He does not know what else the purse contained. Mrs. Miller was unavailable for a statement.

The second vehicle was a 2014 Chevy Camaro Ohio registration GIV1306. The vehicle is registered to Keyonna Jordan. Mr. Wray stated an amplifier and suitcase were taken from the trunk. Upon inspection there were loose / bare wires on the left side of the trunk that appeared to have been pulled from an electronic device. Mr. Wray stated the suitcase contained a Macintosh (Apple) Laptop, I-pad, clothing, and a Cuban League necklace, bracelet and diamond ring. The interior of the vehicle looked like it had been gone through.

The third vehicle is a gray Chevy Malibu, the vehicle information or what may have been taken from it was unavailable at the time of the call. Mr. Wray stated her would call with the information.

Mr. Wray was asked to have Mrs. Miller call to give a statement as to what may have been in her purse. He was also advised to have any credit / debit cards cancelled. Mr. Wray will also be calling with dollar amounts for the items taken.

Nothing Further.

<b>REASON CLEARED</b>	<input type="checkbox"/> A DEATH OF OFFENDER <input type="checkbox"/> B PROSECUTION DECLINED <input type="checkbox"/> C EXTRADITION DENIED	<input type="checkbox"/> D VICTIM REFUSED TO COOP. <input type="checkbox"/> E JUVENILE / NO CUSTODY <input type="checkbox"/> F ARREST - ADULT	<input type="checkbox"/> G ARREST - JUVENILE <input type="checkbox"/> H WARRANT ISSUED <input checked="" type="checkbox"/> I INVEST. PENDING	<input type="checkbox"/> J CLOSED <input type="checkbox"/> K UNFOUNDED <input type="checkbox"/> U UNKNOWN	<b>DATE CLEARED</b> <b>6/05/2016</b>
<b>REPORTING OFFICER</b> <b>Fries, Nathan</b>	<b>BADGE NO.</b> <b>413</b>			<b>DATE</b> <b>6/05/2016</b>	
<b>APPROVING OFFICER</b> <b>Haroon, Ibrahim</b>	<b>BADGE NO.</b> <b>406</b>			<b>DATE</b> <b>6/14/2016</b>	



**PICKERINGTON POLICE DEPARTMENT**  
 1311 Refugee Road, Pickerington, Ohio 43147  
 614 575-6911

**Witness Statement**

Date: 6/5/16

Port #: C-16-1059

I, Terrance Wray, volunteer the following information of my own free will, for whatever purpose it may serve. No threats have been made to me, and no pressure of any kind has been used against me to acquire this statement which I make known to the Pickerington Police Department.

Address: 327 Pagoda Ct. Pickerington OH 43147

Last night around 2:15 am I returned home from Buffalo wild wings. When I arrived I didn't notice anything out of place. This morning around 10:15 am, My girlfriend noticed her purse was missing on her way to work. I came outside to learn that all 3 of our cars had been vandalized. Her purse was taken which contained rent money, cell phone, bank cards. In my camaro I'm missing a suitcase which contained clothes shoes jewelry. A laptop and Ipad and my amplifier was taken.

1. CHARGES Police Charges

Reps. 11700 apm, US Bank card, Phone (614-462-1147) & music

2. Camaro - App from trunk, suitcase, laptop MAC (Apple), clothing, shoes, I PAD, Jewelry (Cuban League necklace, bracelet, ring)

3. UNKNOWN if anything missing from MAIBU (Gay) Diamond

I have read each page of my statement consisting of 1 page(s). Any corrections I have made have been initialed by me. My signature attests that the facts contained herein are true and correct:

X: Terrance Wray

Date: 5/26/16

OLN / State ID #: [REDACTED] DOB: 12/10/81

Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Cellular Phone: 614-599-6095

Employer: Self

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Officer: [Signature]

Page \_\_\_\_\_ Of \_\_\_\_\_

## PICKERINGTON POLICE DEPARTMENT

1311 Refugee Road, Pickerington, Ohio 43147

614 575-6911

## Witness Statement

Report #: CS-16-1059

Date: 22 Jun 16

I, Terrance Wray, volunteer the following information of my own free will, for whatever purpose it may serve. No threats have been made to me, and no pressure of any kind have been used against me to acquire this statement which I make known to:

\_\_\_\_\_ of the Pickerington Police Department. I verify that I am 34 years of age and I reside

at: 327 Pagoda Ct. in the City of

PickeringtonState of OHZip Code 43147

## Additional Addendum to Report CS-16-1059

On 5/June/16 My 2014 Camaro ZL1 was ~~burgled~~ burglarized. My Louis Vuitton Damier Eole 60 rolling travel bag was taken. Inside it was miscellaneous clothes and shoes. There were also 2 pair of Cartier sunglasses. 1 pair Cartier Kerala wood & platinum and the other pair ~~Cartier~~ Cartier Brooklyn wood and platinum. My girlfriend's Louis Vuitton Damier Canvas Trevi GM bag was stolen. It contained bank cards cash (\$1700). My JL audio 1200/1 slash amp was stolen. JL audio 300/4 slash comp. JL audio C2 693 speakers were stolen. My JL C3 door speaker were damaged as they tried to remove them. My 1 1/2 carat rose gold ring was taken. My diamond (50 carats) Cuban link necklace was taken, and my 50 carat 18K gold diamond bracelet was taken. My sound processor was also stolen from my car. My clothes were 3 pairs jeans 3 polo shirts 2 Gucci belts, 2 Gucci shoes, and underwear and socks. ~~\_\_\_\_\_~~

I have read each page of my statement consisting of 1 page(s). Any corrections I have made have been initialed by me. My signature attests that the facts contained herein are true and correct:

X: Terrance WrayDate: 22 Jun 16

OLN / State ID # \_\_\_\_\_

DOB: 12/30/81Phone: 614-369-6696

Witness: \_\_\_\_\_

Page \_\_\_\_\_ Of \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

N:\office\comms\forms\witness